Continuity of essential health services: Facility assessment tool

A module from the suite of health service capacity assessments in the context of the COVID-19 pandemic

INTERIM GUIDANCE 20 October 2020





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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.
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Context

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the COVID-19 outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

The COVID-19 pandemic has continued to shine a light on the fragility of health services and public health systems globally. It has revealed that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. Many routine and elective services have been postponed or suspended, and existing delivery approaches must be adapted as the risk-benefit analyses for any given activity or service has changed in the current pandemic context. At the same time, primary care facilities are being called upon to manage asymptomatic and mild COVID-19 cases, to engage the community and raise awareness, in various aspects of testing and contact tracing, and in referrals of worsening cases to secondary and tertiary care facilities. More serious cases continue to be managed at hospital levels.

Against this rapidly evolving situation, many countries are facing challenges in the availability of accurate and up-to-date data on capacities to respond to COVID-19 while maintaining the provision of essential health services. Few countries have reliable and timely data on existing and surge health workforce and service capacities. Fewer even can track and monitor the extent of disruptions on essential health services to inform mitigation strategies and guide responses to evolving community needs and barriers to accessing care.

In response to this situation WHO has developed the *Continuity of essential health services: Facility assessment tool*. This tool has been designed to help identify health systems bottlenecks in order to monitor and track the continuity of essential health services. It forms part of a wider suite of health service capacity assessment tools, the <u>Health service capacity assessments in the context of the COVID-19 pandemic</u>. These different monitoring tools focus on different aspects of the dual-track of maintaining essential health services while continuing to manage COVID-19 cases. The suite and the different modules are described in annex 1.

Objectives of this tool: Continuity of essential health services

The Continuity of essential health services: Facility Assessment Tool can be used by countries to rapidly assess the capacity of health facilities to maintain the provision of essential health services during the COVID-19 pandemic. It can help to alert the authorities and other stakeholders about where service delivery and utilization may require modification and/or investment. The tool collects information on health workforce capacities, financial management of the facility, changes in health service delivery and utilization, infection prevention and control (IPC) capacities and COVID-19 primary care services. It also includes optional sections on therapeutics, diagnostics, vaccine readiness and infrastructure. The tool can be used in multiple types of health facilities. It can be used once to provide a rapid snapshot of current service capacity, or on a regular basis for tracking and monitoring the continuity of essential health services during the different phases of the pandemic. This assessment tool is informed by relevant WHO tools and guidance on the continuity of essential health services and readiness planning for COVID-19 (2–12).

Content areas

This assessment tool covers the following aspects of essential health services:

- health workforce (numbers, absences, COVID-19 infections, health workforce management, training and support);
- financial management and barriers;
- service delivery and utilization (facility closures, changes in service delivery, community communication campaigns, changes in service utilization and catch-up strategies);
- IPC capacities (protocols, safety measures, guidelines and the availability of personal protective equipment (PPE) for staff);
- availability of therapeutics, diagnostics and supplies, and vaccine readiness; and

provision of COVID-19 primary care services.

Type of facility being assessed

The tool can be used in multiple types of health facilities, from primary care centres/clinics, to first-level referral hospital, general hospitals with specialties, single-specialty hospitals, and others (this terminology can be customized per country). The country can decide which level/levels to include in the assessment. The tool is structured with "skip" functions to enable it to be tailored to the different levels. For example, if the selected level is "primary care centre", the questions not relevant to that level will automatically be skipped.

Target audience

Potential users of this assessment tool include:

- national and subnational health authorities;
- national and subnational COVID-19 incident management teams;
- facility managers; and
- WHO and other partners.

Key questions that this tool can help to answer

This tool can help to answer the following questions related to the provision of essential health care:

- How many staff are available in each facility? How many staff have been diagnosed with COVID-19? What
 adjustments to health workforce management have been made? Is additional training and support being
 provided to health-care workers?
- Is the facility charging user fees during the COVID-19 pandemic?
- Are staff salaries being paid on time? Are staff receiving overtime pay?
- How has the delivery of services unrelated to COVID-19 changed (for example, have there been facility closures or service delivery modifications)?
- How has service utilization increased or decreased and what are the main reasons for those changes?
- Has the facility implemented any community communication campaigns?
- Has the facility made catch-up plans for missed routine appointments?
- Are safety processes and protocols in place to ensure the safe delivery of health services?
- Do health workers have sufficient PPE to deliver essential services safely?
- Do facilities have therapeutics, diagnostic tests and supplies available for the delivery of essential health services?
- Do facilities have functioning cold chain capacity?
- Does the facility provide "COVID-19 primary care services" (detection, diagnosis, treatment, referral, rehabilitation, contact tracing, etc.)? What changes and support did this involve?

Country adaptation

The tool should be adapted in each country to reflect the needs and specificities of each health system. The adaptation should take place during the planning and preparation phase. There are two basic types, and all required adaptations are marked in the questionnaire:

- Adaptation of country-specific response options: residence area, facility type, and managing authority.
- Adaptation of wording/phrase in a question specific to each country: staffing category, name of the administrative units, name of national service guidelines, and tracer medicines.

Country-specific questions are shaded in green throughout the tool.

When to use this tool

This tool can be used from the early stages of an emergency to recovery and continuity after recovery.

Mode of data collection

Paper-based and electronic collection of data is used.

Ethical considerations

The guidance provided is not considered research, therefore, there is no need to submit it to the WHO ERC. Individual countries may need local ethics committee approval, depending on local law and guidelines and exactly what is done. They should ensure that they fulfil their ethical obligations submitting the document to the pertinent local ethics boards.

The WHO Public Health Ethics Consultation Group reviewed the tool, and their considerations and recommendation were taken in taken into consideration. Respondents are asked upfront for their informed consent. No personal or facility identifying details will be reported. The WHO data sharing agreement "Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies" specifies arrangement with regards to usage, and dissemination of the data gathered. The agreement is attached as annex 2.

Consent

Hello. My name is [interviewer name]. I am calling on behalf of the [Ministry of Health/implementing agency]. [Ministry of Health/implementing agency] is conducting a health facility assessment to assist the government in knowing more about continuity of essential health services during the COVID-19 pandemic in [country]. Your facility was selected to participate in this study. We will be asking you questions about various essential health services. Information collected about your facility during this study may be used by the [Ministry of Health/implementing agency], organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services. Neither your name nor the names of any other staff who participate in this study will be included in the dataset or in any report. Facility identifiers will not be reported.

We are asking for your help in order to collect this information. You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce me to that person to help us collect that information. At this point, do you have any questions about the study? Do I have your agreement to proceed?

No.	Question	Response options
1.A	May I begin the interview?	1. Yes 2. No – STOP
1.B	Type interviewer name indicating consent obtained	

Section 1: Health facility identification and description

The questions in this section are related to the facility identification and description.

No.	Question	Response options	5			
1.1	Facility code					
1.1.1	Region/province name					
1.1.2	District/county name					
1.1.3	Village/clan/locality name (Country-specific question)					
1.2	Facility name					
1.3	Address of facility					
1.3.1	Country					
1.4	Residence area	 Urban Peri-/ex-urban (country-specific option, if relevant) Rural 				
1.5	Type of facility (Country-specific question: adapt staff list based on the country's own health system.)	 Primary care centre/clinic First referral hospital (district hospital) Other general hospital with specialties or single-specialty hospital Long-term care facility Other If other, please specify:				
1.6	Managing authority	 Government Private for profit Private not for profit (e.g. nongovernmental organization, faith-based) Other 				
1.7	Facility director/manager's name					
1.8	Facility director/manager's telephone number					
1.9	Facility director/manager's email address					
1.10	Respondent or key informant's name					
1.11	Respondent or key informant's position					
1.12	Date	Day:	Month:	Year:		
1.13	Geographical coordinates of the facility					

	(if applicable)	
1.13.1	Latitude	
1.13.2	Longitude	
1.13a	Interviewer code	

The following questions relate to the services offered in this facility.

No.	Question	Response options		
1.14	Does this facility provide inpatient services?	 Yes No – skip to question 1.16 		
1.15	How many overnight/inpatient beds does the facility have in total, excluding delivery beds?	entry)	beds (numeric	
1.16	Does the facility have the following departments or wards/spaces?	1. Yes	2. No	
1.16.1	Dedicated 24-hour staffed emergency unit			
1.16.2	Intensive care or other high-dependency unit			
1.16.3	Operating room			
1.17i	If the answer to question 1.16.2 is "No", skip to next section			
1.17	Of the total number of inpatient beds, how many are intensive care unit (ICU) beds?	entry)	beds (numeric	

Section 2: Staffing

The questions in this section relate to staffing in the previous 3 months.

No.	Question	Response options			
2.1	For each of the following occupations, please provide the total number of staff and the number of staff who have been diagnosed with COVID-19 in the previous 3 months. (Country-specific question: adapt staff list based on the country's own health system.)	2.1.1.1 Number of staff 2.1.1.2 Number of staff who have been diagnosed with COVID-19 in the previous 3 months			
2.1.1	Medical doctors				
2.1.2	Nursing personnel				
2.1.3	Midwifery personnel				
2.1.4	Other clinical staff (including clinical officers)				
2.1.5	Laboratory workers				
2.1.6	Radiographers				
2.1.7	Pharmacists				
2.1.8	Administrative staff				
2.1.9	Support staff				
2.1.10	Other				
2.2	Have any staff been on leave or absent at any time in the previous 3 months?	 Yes No – skip to question 2.4 			
2.3	Please give the reasons for staff leave or absence in the previous 3 months. Do not read response options aloud. Select all applicable answers.	 Vacation or personal leave Sick leave – unrelated to COVID-19 Sick leave – related to COVID-19, including preventive quarantine Caring for family members who have COVID-19 Government policy on health care workers' reporting for work during an outbreak (country-specific option, if relevant) Limited transportation due to lockdown Lack of personal protective equipment Fear related to COVID-19 Fear related to violence targeted at health workers Burnout or mental health issues related to COVID-19 Other Unknown 			

2.4	Has the facility made any changes to the way in which health workers are managed in the previous 3 months specifically because of changes in patient volume or patient type related to COVID-19?	changes in pa	question 2.6 le, there have l atient volume o to COVID-19 –	or patient
2.5	What changes have been made?		1. Yes	2. No
	Select yes only if the adjustment is related to changes in and/or type related to COVID-19	n patient volume		
2.5.1	Reassigning to different units/responsibilities in the fa	acility		
2.5.2	Increasing hours among part-time staff			
2.5.3	Increasing overtime hours among full-time staff			
2.5.4	Recruiting new staff to support increased patient volu	imes		
2.5.5	Recruiting volunteers to support increased patient vo	lumes		
2.5.6	Receiving temporary staff seconded from other facilit	ies		
2.5.7	Temporary secondment to a different facility			
2.5.8	Layoff or unpaid leave			
2.6	Have any staff in the facility received training or support related to COVID-19 in the previous 3 months?	1. Yes 2. No – skip to	next section	
2.7	What kind of training or support have they received?		1. Yes	2. No
2.7.1	Training on infection prevention and control (IPC)			
2.7.2	Training on proper use of personal protective equipm	ent (PPE)		
2.7.3	Training on triage protocols for COVID-19 case manag	ement		
2.7.4	Training on management of emergency conditions			
2.7.5	Mental health and psychosocial support			
2.7.6	Supportive supervision for IPC			
2.7.7	Supportive supervision on proper use of PPE			
2.7.8	Supportive supervision for COVID-19 case manageme	nt		
2.7.9	Training on provision of remote health care (Country-specific question, if relevant)			
2.8	What was the date of the latest supervision? (Specify type of supervision according to the country cor	ntext.)	DD/MM/YYY	Υ

Section 3: Financial management

The questions in this section relate to financial management during the COVID-19 pandemic.

No.	Question	Response options
3.1	Does the facility charge user fees?	 Yes No – skip to question 3.5
3.2	In the previous 3 months, has the facility exempted user fees for certain services?	 Yes – user fees exempted only for COVID-19 services Yes – user fees exempted only for other health services Yes – user fees exempted for both COVID-19 and other health services No
3.3	In the previous 3 months, has the facility exempted user fees for certain vulnerable populations such as [country-specific examples – e.g., migrants]?	1. Yes 2. No
3.4	In the previous 3 months, has the facility increased user fees for certain services? (Country-specific question)	1. Yes 2. No
3.5	In the previous 3 months, has the facility received additional funding to ensure the maintenance of essential health services during the pandemic?	 Yes – for COVID-19 case management services Yes – for other essential health services No – skip to question 3.7 Do not know – skip to question 3.7
3.6	What is the source of the additional funding?	 Government Local community International organization Private Do not know
3.7	Have all personnel, including staff and contractors, received their salary on time in accordance with the regular payment schedule in the previous 3 months?	1. Yes 2. No
3.8	Have any personnel worked overtime in the previous 3 months?	 Yes No – skip to question 3.10
3.9	Have all personnel who worked overtime in the previous 3 months received overtime payment?	 Yes No Not applicable, there is no overtime payment for staff
3.10	Do you receive payments in the context of the PBF project? (Country-specific question: applies only to countries with Performance-Based Financing (PBF) programme)	 Yes No - Skip to next section

3.11	When was the last time you received such a payment?	MM/YYYY
	(Country-specific question: applies only to countries with PBF programme)	

Section 4: Service delivery and utilization

The questions in this section relate to services delivered in the previous 3 months.

No.	Question	Re	Response options		
4.1	Are you aware of any COVID-19 cases in your county/district (country-specific administrative unit) that were newly identified in the past month?		Yes No		
4.2	Has the facility been closed temporarily because of a COVID-19 outbreak in the previous 3 months?	1. 2.	Yes No		
4.3	Have the facility service hours been changed because of a COVID-19 outbreak in the previous 3 months?	1. 2.	Yes No		
4.4	Did the facility have a defined list of essential health services before the COVID-19 pandemic? (Country-specific question)		Yes No		
4.5	Has the facility received a defined list of essential health services to be delivered during the COVID-19 pandemic? (Country-specific question)	1	Yes No		
4.6	For services that are unrelated to COVID-19, has the facility done any of the following in the previous 3 months?	1.	Yes	2. No	
4.6.1	Reduced the scope of specific services				
4.6.2	Reduced the volume of specific services				
4.6.3	Suspended the provision of specific services				
4.6.4	Redirected patients to alternative health care facilities				
4.6.5	Given priority to seeing high-risk patients				
4.6.6	Provided all care in a single visit for multiple morbidities				
4.6.7	Supported self-care interventions wherever appropriate				
4.6.8	Provided home-based care for certain patients				
4.6.9	Shifted clinical encounters to digital platforms such as teleconsultations				
4.6.10	Provided electronic or tele prescriptions				
4.6.11	Extended prescriptions of medicines for long-term use, such as medicines for treating noncommunicable diseases				
4.6.12	Used novel dispensing approaches for medicines				

4.7	Are there designated facilities for referral of patie suspected or confirmed COVID-19?	nts with		1. Yes 2. No			
4.8	Does this facility have access to safe and isolated t transfer the patients following referral?	transportation	on to	1. Yes 2. No			
4.9	Has the facility observed changes in outpatient attendance (excluding emergency unit visits, if any) in the previous 3 months, compared to the same 3 months last year?	1. Yes, increased			3. No	4. Not applicable, the service is not offered in the facility	
4.9.1	Services for undifferentiated symptoms (e.g. fever, pain, fatigue and cough)						
4.9.2	Family planning and contraception						
4.9.3	Antenatal care						
4.9.4	Postnatal care						
4.9.5	Routine immunization						
4.9.6	Care for sick children						
4.9.7	Prevention, diagnosis and treatment of human immunodeficiency virus						
4.9.8	Tuberculosis case detection and treatment						
4.9.9	Prevention, diagnosis and treatment of sexually transmitted infections						
4.9.10	Diagnosis and treatment of malaria						
4.9.11	Diagnosis and treatment of chronic cardiovascular disease						
4.9.12	Diagnosis and treatment of chronic respiratory disease						
4.9.13	Diabetes screening, diagnosis and treatment						
4.9.14	Cancer screening, diagnosis and treatment						
4.9.15	Diagnosis and treatment of mental health disorders (including substance abuse)						
4.9.16	Intimate partner and sexual violence – prevention and response						
4.9.17	Diagnosis and treatment of neglected tropical diseases						

4.9.18	Rehabilitation						
4.10i	Check the responses to questions 4.9.1–4.9.18. If t skip to question 4.11.	there are non	e with the an	swer 1 ("Yes, i	ncreased"),		
4.10	For the services where outpatient attendance increased, what are the likely reasons for the increase? Any other reasons? Do not read response options aloud. Select all applicable answers.	 More patients presenting with acute respiratory infection symptoms More patients being redirected from other facilities Backlog from disruptions of services prior to the past 3 months Communications to the public about reactivation of any services that were previously suspended or reduced General health communications campaign to promote care-seeking Other 					
4.11i	Check the responses to questions 4.9.1–4.9.18. If there are none with the answer 2 ("Yes, decreased"), skip to question 4.12.						
4.11	For the services where outpatient attendance decreased, what are the likely reasons for the decrease?	Community reasons 1. Changes in recommendations to the public for mild illness and elective care 2. Fear, mistrust, uncertainty about catching					
	Any other reasons? Do not read response options aloud. Select all applicable answers.	COVID-19 during facility visits 3. Lockdown or stay-at-home order 4. Disruption of public transport 5. Other Facility reasons 6. Scope of specific services reduced 7. Provision of specific services completely suspended 8. Reduced or changed opening hours 9. Facility closure 10. Limited availability of medicines or consum 11. Limited availability of medical staff 12. Other					
4.12i	Check response to question 1.16.1. If the answer is	s "No", skip to	question 4.1	13.			
4.12	Has the facility observed changes in emergency unit visits for non-COVID-19-related issues in the previous 3 months, compared to the same 3 months last year?	1. Yes, increased	2. Yes, decreased	3. No	4. Not applicable, the service is not offered in the facility		
4.12.1	Overall						
4.12.2	Injuries						
4.12.3	Emergency surgery, including emergency caesarean section						

4.12.4	Acute conditions related to noncommunicable diseases (e.g. myocardial infarction, arrhythmia, stroke, diabetic ketoacidosis, asthma, chronic obstructive pulmonary disease and cancer)					
4.12.5	Urgent blood transfusion services					
4.13i	Check the response to question 1.14. If the answe	r is '	'No", skip	to question 4.	15.	
4.13	What was the average bed occupancy rate for the previous full month?	e (percentage)				
	Note: average bed occupancy rate is calculated by dividing the total number of bed-days effectively occupied for the duration of the whole month by the number of beds available for curative care multiplied by 30, and multiplying the ratio by 100.					
4.14	Has the facility observed changes in inpatient admissions in the previous 3 months, compared to the same 3 months last year?	1. 2. 3.	Yes, incre Yes, decr No			
4.15	Has the facility observed changes in the number of prehospital emergency care services (such as ambulance transport) in the previous 3 months, compared to the same 3 months last year?	 Yes, increased Yes, decreased No Not applicable, prehospital emergency care services not offered 				
4.16	Does this facility usually provide community outreach or home-visit services?	1. 2.	Yes No – skip	to question 4	.18	
4.17	For each of the following outreach services, has the facility changed the frequency of services in the previous 3 months, compared to the same 3 months last year?	frequent outreach service				
4.17.1	Immunization outreach					
4.17.2	Malaria prevention campaigns, including distribution of insecticide-treated nets					
4.17.3	Neglected tropical disease outreach activities, including mass drug administration					
4.17.4	Community-based mobile clinics					
4.17.5	Home visits					
4.18	For patients who missed routine appointments that are unrelated to COVID-19 in the previous 3 months, has the facility developed plans to deliver services for those?	1. 2.	Yes No – Skip	to question 4	.21	

4.19	Has the facility registered the patients who have missed appointments?	1. Yes 2. No						
4.20	Has the facility made plans for targeted catch-up for the following patient groups?	1. Yes, plann and implemen	ned	but not	yet	3. No		Not applicable – no service provided to the patient group
4.20.1	Pregnant women							
4.20.2	Children scheduled for routine immunization							
4.20.3	Patients with chronic noncommunicable diseases							
4.21	Has there been any disruption of the services provided by the facility in the previous 3 months? (Country-specific question)	Yes No - Skip to next section						
4.22	On a scale of 1–5 from not at all to a great deal, how much have the following issues contributed to the disruption? (Country-specific question)		2. Sligh		3. Moder		4. Quite a lot	5. A great deal
4.22.1	Human resources							
4.22.2	Financing							
4.22.3	Infection prevention and control							
4.22.4	Medical supplies							

Please also answer the questions in Annex 3.

Section 5: COVID-19 infection prevention and control and personal protective equipment

The questions in this section concern infection prevention and control (IPC) during the COVID-19 pandemic.

No.	Question	Response options		
5.1	Is there a designated IPC focal point person in the facility?	1. Yes 2. No		
5.2	Has the facility implemented any measures to create a COVID-19 safe environment?	1. Yes 2. No – skip to q	uestion 5.4	
5.3	Which of the following measures have been implemented in this facility?	1. Yes	2. No	
5.3.1	Screening of all patients and visitors at a dedicated entrance			
5.3.2	Distancing of at least 1 metre between patients and visitors in waiting rooms and wards			
5.3.3	Displaying instructions on hand and respiratory hygiene practices for patients and visitors			
5.3.4	Screening and triage of patients for suspected COVID-19 using up-to-date guidelines			
	(country-specific: provide specific name or version number of guidelines)			
5.3.5	COVID-19 isolation areas clearly identified and divided from non-COVID-19 areas			
5.3.6	Designated staff entrance for screening			
5.3.7	Hand hygiene stations at all points of care			
5.3.8	Use of PPE by staff			
5.3.9	Environment cleaning and disinfection			
5.4	Does the facility have IPC guidelines for COVID-19?	 Yes No – skip to q 	uestion 5.6	
5.5	Which of the following IPC guidelines exist?	1. Yes	2. No	
5.5.1	Screening for signs and symptoms of COVID-19			
5.5.2	Management of suspected/confirmed COVID-19 cases			
5.5.3	PPE			
5.5.4	COVID-19 surveillance among health workers			
5.5.5	Management of dead bodies			
5.6	Does this facility usually provide PPE to health workers?	1. Yes		

				2. No – skip to next section				
5.7	Are the following items currently available for each of the staff who are required to use them in accordance with the applicable guidelines?	1. Currently available for all health workers	Currently available only for some health workers		Currently Currently available unavailable only for for any some health health		Currently unavailable for any health	4. Not applicable – never procured or provided
5.7.1	Gown, protective							
5.7.2	Gloves, examination							
5.7.3	Goggles, protective							
5.7.4	Face shield							
5.7.5	Respirator masks (N95 or FFP2)							
5.7.6	Mask, medical/surgical							

N95: not resistant to oil, 95% filter; FFP2: filtering face piece with minimum of 94% filtration percentage and maximum 8% leakage to the inside.

Section 6: Management of suspected and confirmed COVID-19 cases in primary care centres

The questions in this section concern management of patients with suspected or confirmed COVID-19. This section is only for primary care centres.

No.	Questions	Response options	Response options			
6.1i	Check responses to question 1.5. If the answer is primary care centres/clinics, answer the questions in this section. If not, skip to the next section.					
6.1	Does the facility have a focal point or team responsible for COVID-19 service coordination?	1. Yes 2. No – skip to q	uestion 6.3			
6.2	Do they have standard operation procedures?	1. Yes 2. No				
6.3i	Questions 6.5 to 6.7 will be repeated in Section 8					
6.3	Does the facility collect specimens from patients to diagnose COVID-19?	1. Yes 2. No – Skip to q	uestion 6.6			
6.4	Does the facility conduct polymerase chain reaction (PCR) tests or rapid diagnostic tests (RDTs) to diagnose COVID-19?	 Yes, PCR- Skip Yes, RDT- Skip No 	to question 6.6 to question 6.6			
6.5	Is there a functioning specimen transport system for forwarding specimens from the facility to a referral laboratory?	1. Yes 2. No				
6.6	Has the facility seen patients with suspected COVID-19 in the past 3 months?	 Yes No – skip to q 	uestion 6.8			
6.7	Which of the following were performed to manage suspected COVID-19 cases?	1. Yes	2. No			
6.7.1	Patient consultation takes place in a separate room					
6.7.2	Checked for COVID-19 symptoms					
6.7.3	Measured O ₂ saturation with pulse oximeter					
6.7.4	Referred the patient to specialized care					
6.7.5	Performed diagnostic test					
6.7.6	Instructed patients with mild symptoms to self-isolate at home					
6.7.7	Provided teleconsultation to answer patient's questions before facility visit					
6.8i	Check response to question 6.7.6. If the answer is "No", skip to	question 6.9.				

6.8	Which of the following were performed to manage COVID-19 patients with mild or no symptoms during self-isolation at home?	1. Yes	2. No	
6.81	Provided remote consultation (phone or video call, text message)			
6.8.2	Visited patients at home			
6.8.3	Arranged follow-up visit to the facility (e.g. by asking the patient to report to a designated entrance at prearranged appointment time)			
6.8.4	Provided safety instructions for the members of the patient's household			
6.8.5	Assessed compliance with self-isolation (Country-specific question, according to whether facilities are responsible for infectious disease control)			
6.9	Does the facility have up-to-date guidelines to manage asymptomatic or mild COVID-19 cases, including for referral? (Country-specific question: provide specific name or version number of guidelines)	1. Yes 2. No		
6.10	Have you received any other information or guidelines on how to manage asymptomatic or mild COVID-19 cases?	1. Yes 2. No – skip to qu	uestion 6.12	
6.11	Who did you receive the information from? Do not read response options aloud. Select all applicable answers.	 Ministry of health Local government authority WHO Professional associations, including professional media or academic journals Other 		
6.12	Are there designated facilities for the referral of patients with suspected or confirmed COVID-19?	 Yes No – skip to qu 	uestion 6.14	
6.13	Does this facility have access to safe and isolated transportation to transfer the patients following referral?	1. Yes 2. No		
6.14	Is your facility tasked with contact tracing when positive cases are identified at the facility? (Country-specific question depending on the facility's responsibilities for infectious disease control)	1. Yes 2. No – skip to qu	uestion 6.16	
6.15	Have any staff members received training on contact tracing? (Country-specific question depending on the facility's responsibilities for infectious disease control)	1. Yes 2. No		

6.16	Has the facility received new instructions about influenza vaccination for the flu season 2020–2021? (Country-specific question, if relevant)	 Yes No – Skip to next section
6.17	Has the facility received additional resources to ensure influenza vaccination and management for the flu season 2020–2021? (Country-specific question, if relevant)	1. Yes 2. No

Section 7: Availability of selected tracer therapeutics (optional)

The questions in this section concern availability of selected medicines and medical supplies. This section is optional subject to country-specific priorities and context. The list of tracer medicines should be based on country-specific priorities and context, and may be different from the following. The number should be limited to 20 or fewer.

No.	Question	Response options				
7.1	Which of the following medicines are currently available? (Country specific question: tracer medicines to be adapted)	1. Currently available	2. Currently unavailable			
7.1.1	Salbutamol					
7.1.2	Metformin					
7.1.3	Hydrochlorothiazide					
7.1.4	Paracetamol					
7.1.5	Carbamazepine					
7.1.6	Amoxicillin					
7.1.7	Ethinylestradiol + levonorgestrel (or alternative combined oral contraceptive)					
7.1.8	Oxytocin					
7.1.9	Magnesium sulfate					
7.1.10	Heparin					
7.1.11	Hydrocortisone					
7.1.12	Epinephrine					
7.1.13	Artemether + lumefantrine (or other artemether combination medicine)					
7.1.14	Efavirenz + emtricitabine + tenofovir disoproxil fumarate					
7.1.15	Isoniazid + pyrazinamide + rifampicin					
7.1.16	Intravenous (IV) fluids (normal saline or Ringer's lactate)					
7.1.17	Oxygen					
7.2	Which of the following supplies are currently available?	1. Currently available	2. Currently unavailable			
7.2.1	Syringes and needles					

7.2.2	IV cannulas and giving sets					
7.2.3	Gauze					
7.3i	Check responses to question 4.9.5. If the answer is 4 ("Not applicable"), skip to next question.					
7.3	Which of the following vaccines is currently available?	Currently available	2. Currently unavailable			
7.3.1	Measles vaccine and diluent					
7.3.2	DTP+Hib+HepB (pentavalent)					
7.3.3	Oral polio vaccine					
7.3.4	BCG vaccine and diluent					
7.4	In the past month, has the capacity of the facility to provide certain services been disrupted due to supply stockout?	1. Yes 2. No				

DTP: diphtheria, tetanus, pertussis; Hib: *Haemophilus influenzae* type b; HepB: hepatitis B vaccine; BCG: Bacillus Calmette—Guérin.

Section 8: Availability of diagnostics (optional)

The questions in this section concern the availability of laboratory and imaging services and supplies. This section is optional subject to country-specific priorities and context.

No.	Question	Response options			
8.1	Does the facility collect specimens from patients to diagnose COVID-19?	 Yes No – 	skip to questi	on 8.4	
		2. 100 –	skip to questi	011 8.4	
8.2	Does the facility conduct polymerase chain reaction (PCR) or rapid diagnostic tests (RDT)	1. Yes –	- skip to quest	ion 8.4	
	to diagnose COVID-19?	2. No			
8.3	Is there a functioning specimen transport system for forwarding specimens from the	1. Yes			
	hospital to a referral laboratory?	2. No			
8.4	Does this facility conduct any diagnostic testing of specimens using either laboratory	Yes			
	equipment or RDT?	No – skip to o	question 8.7i		
8.5 Are the	following tests available onsite at any location in	this facility?			
		Yes	No		
8.5.1	Malaria				
8.5.2	Blood glucose				
8.5.3	Dipstick for urine glucose				
8.5.4	Dipstick for urine protein				
8.5.5	Urine test for pregnancy				
	ts conducted onsite, are the associated items (equ	ipment and su	pplies) require	ed for each test	
available ai	nd functional?				
		Yes	No	Not applicable	
8.6.1	Malaria				
8.6.2	Blood glucose				
8.6.3	Dipstick for urine glucose				
8.6.4	Dipstick for urine protein				
8.6.5	Urine test for pregnancy				
8.7i	Check responses to question 1.5. If the answer is neither 2 nor 3, skip to next section.				

8.7	7 Are the following tests available onsite at any location in this facility?				
		Yes	No		
8.7.1	Human immunodeficiency virus				
8.7.2	Tuberculosis				
8.7.3	Haemoglobin				
8.7.4	Blood typing and cross-matching				
8.7.5	Blood creatinine				
8.8	For tests conducted onsite, are the associated ite test available and functional today?	ems (equipmer	nt and supplie	s) required for each	
		Yes	No	Not applicable	
8.8.1	Human immunodeficiency virus				
8.8.2	Tuberculosis				
8.8.3	Haemoglobin				
8.8.4	Blood typing and cross-matching				
8.8.5	Blood creatinine				
8.9	Does this facility conduct imaging examinations?	Yes			
		No – Skip to r	next section		
8.10	Are the following imaging examinations avai	lable onsite a	t any locatio	n in this facility?	
		Yes	No		
8.10.1	X-ray				
8.10.2	Magnetic resonance imaging				
8.10.3	Ultrasound				
8.11	Are the associated items (equipment and sulexaminations available and functioning toda		ed for the fol	llowing imaging	
		Yes	No	Not applicable	
8.11.1	X-ray				
8.11.2	Magnetic resonance imaging				
8.11.3	Ultrasound				

Section 9: Vaccine readiness (optional)

The questions in this section concern capacity to provide general immunization services. This section is optional subject to country-specific priorities and context.

No.	Questions	Response options						
9.1	Does this facility offer any immunization services for children?	1. Yes 2. No						
9.2	Does this facility offer any immunization services for adults?	1. Yes 2. No						
9.3i	Check responses to questions 9.1 and 9.2. If the answers to both are "No", skip to the next section.							
9.3	Does the facility currently have a vaccine fridge? If yes, is it functional? If there are multiple vaccine fridges, select "yes, functional" if at least one is functional.	 Yes, functional Yes, but not functional No – Skip to question 9.5 						
9.4	Does the facility currently have a continuous temperature recorder/logger? If yes, is it functional?	 Yes, functional Yes, but not functional No 						
	If there are multiple temperature recorders/loggers, select "yes, functional" if at least one is functional.							
9.5	Does the facility currently have a cold box?	 Yes No – skip to question 9.8 						
9.6	How many cold boxes does the facility have?	cold boxes (numeric entry)						
9.7	Does the facility have a full set of ice packs for each of the cold boxes?	 Yes, a set of ice packs for all cold boxes Yes, a set of ice packs only for some cold boxes No 						
9.8	Does the facility currently have a vaccine carrier?	 Yes No – skip to question 9.11 						
9.9	How many vaccine carriers does the facility have?	vaccine carrier (numeric entry)						
9.10	Does the facility have a full set of ice packs for each of the vaccine carriers?	 Yes, a set of ice packs for all carriers Yes, a set of ice packs only for some carriers No 						
9.11i	Check responses to questions 9.5 and 9.8. If the answers to both are "No", skip to next section.							
9.11	In a single day, how many ice packs for cold boxes and/or vaccine carriers can the facility freeze?	 All ice packs in the facility Only some of the ice packs in the facility None – no ice packs None – no functional freezer 						

Section 10: Facility infrastructure (optional)

The questions in this section concern facility infrastructure. This section is optional subject to country-specific priorities and context.

No.	Questions	Response options					
10.1	First call: Has the facility experienced an unplanned closure in the previous 3 months?	 Yes – for 1 week or less Yes – for more than 1 week, but less than 4 weeks Yes – for 4 weeks or more No 					
10.1.1	Follow-up call: Has the facility experienced an unplanned closure in the past 2 weeks?	1. Yes 2. No					
10.2	First call: What is the primary source of electricity for the facility?	 Electrical mains/grid Generator Solar No source of electricity Other, please specify 					
10.3	Have there been any electric power outages in the last 7 days?	 Yes No - Skip to question 10.5 					
10.4	What was the total number of hours the facility was without electric power in the last 7 days?	(Maximum 168 hours)					
10.5	First call: What is the primary source of water for the facility?	 Piped into Facility Piped into Yard/Plot Public tap/Standpipe Protected well Unprotected well Protected spring Unprotected spring Tanker Truck/Vendor Surface water (lake, river or stream) Bottled water Other, specify: 					
10.6	In the last 7 days, was there any time when there was no water available in the facility?	1. Yes 2. No- Skip to question 10.8					
10.7	For how many hours in total was there no water available at the facility during the past 7 days?	(Maximum 168 hours)					
10.8	In the last 7 days, was there any time when the facility did not have any telephone service whether landline or mobile?	1. Yes 2. No- Skip to question 10.10					
10.09	For how many hours in total was there no telephone service over the last 7 days?	(Maximum 168 hours)					
10.10	First call: Is there a functional incinerator for the disposal of medical waste?	1. Yes 2. No					

Section 11: Interview result

No.	Question	Response options					
11.1	Thank you for responding to the interview. We would like to speak with you again in about three months [country-specific interval]. Do you have a better number we can use to	 Yes No, the current number is the best 					
	reach you in case we follow up with you in the future?						
11.2	What is the alternative number?						
11.3	Can you repeat the number?						
11.4	Record the result of the interview.	 Completed Postponed Partly completed and postponed Partly completed Refused Other 					

If you have any queries or questions regarding this questionnaire, please contact us at EHSmonitoring@who.int

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Annex 1. Harmonized health service capacity assessments in the context of the COVID-19 pandemic

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the COVID-19 outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

In response to this situation, the Harmonized health service capacity assessments in the context of the COVID-19 pandemic is a suite of health service capacity assessment tools that has been developed to support rapid and accurate assessments of the current, surge and future capacities of health facilities throughout the different phases of the COVID-19 pandemic (1). The suite consists of two sets of modules that can be used to inform the prioritization of actions and decision-making at health facility, subnational and national levels:

Hospital readiness and case management capacity for COVID-19 This set of modules can be used to assess health facility readiness and case management capacities for COVID-19.

2. Continuity of essential health services in the context of the COVID-19 pandemic This set of modules can be used to assess health facility capacities to maintain delivery of essential health services. It can also be used to assess community needs and access to services during the COVID-19

The modules are listed in Table 1.

pandemic.

Table 1. Harmonized health service capacity assessment modules

Hospital readiness and case management capacity for COVID-19					
Module	Purpose				
Rapid hospital readiness checklist	To assess the overall readiness of hospitals and to identify a set of priority actions to prepare for, be ready for and respond to COVID-19				
Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19	To assess present and surge capacities for the treatment of COVID-19 in health facilities with a focus on availability of diagnostics, therapeutics and other health products as well as vaccine readiness, availability of beds and space capacities				
Biomedical equipment for COVID-19 case management – inventory tool	To conduct a facility inventory of biomedical equipment re-allocation, procurement and planning measures for COVID-19 case management				
Ensuring a safe environment for patients and staff in COVID-19 health-care facilities	To assess the structural capacities of hospitals to allow safe COVID-19 case management, maintain the delivery of essential services and enable surge capacity planning				
Infection prevention and control health-care facility response for COVID-19	To assess infection prevention and control capacities to respond to COVID-19 in health facilities				
Continuity of essential health services in the context of the COVID-19 pandemic					
Module Purpose					

Continuity of essential health services: Facility assessment tool	 To assess the capacity of health facilities to maintain the provision of essential health services during the COVID-19 pandemic To assess workforce capacity during the pandemic, including availability, absences, COVID-19 infections, support and training
Continuity of essential health services: Community demand side tool	To conduct a rapid pulse survey on community needs and perceptions around access to essential health services and community resilience during the COVID-19 pandemic

Countries may select different combinations of modules according to context and need for one-time or recurrent use throughout the pandemic.

Annex 2. Data Sharing

Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies

Data are the basis for all sound public health actions and the benefits of data sharing are widely recognized, including scientific and public health benefits. Whenever possible, WHO wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Ministry of Health of your Country confirms that all data to be supplied to WHO have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;

Agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of your Country:

- to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as "the Data") and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
- to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO's work and in accordance with the Organization's policies and practices.
- Except where data sharing and publication is required under legally binding instruments (IHR, WHO Nomenclature Regulations 1967, etc.), the Ministry of Health of your Country may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt out.

Annex 3. Routine data on key performance indicators

The questions in this Annex are intended to provide information on the number of services provided by the facility in the past few months to compare the current and previous year. Where feasible, please provide data on outpatient attendance, inpatient admissions, facility-based births, and diphtheria-tetanus-pertussis (DTP3) immunization coverage.

No.	Question	Response options ^a								
A1	According to your registries/HMIS report, how many of the following services were recorded in the previous four complete months in the current and previous year?				Corresponding 4 months in the previous year				The service is	
		Month 1	Month 2	Month 3		Month 1	Month 2	Month 3	Month 4	not provided
A1.1	Reporting month (MM/YYYY)									
A1.2	Total no. of outpatient visits (numeric entry)									
A1.3	Total no. of inpatient admissions (numeric entry)									
A1.4	Total no. of facility-based births (numeric entry)									
A1.5	Total no. of DTP3 doses (numeric entry)									

HMIS: health management information systems; DTP, diphtheria-tetanus-pertussis.

^a Illustrative example of reporting months: If the assessment is conducted in March 2021, the reporting months are: 11/2020, 12/2020, 01/2021 and 02/2021 (the preceding 4 months), and the corresponding reporting months from the previous year are 11/2019, 12/2019, 01/2020, and 02/2020.